

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/569005

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4		/		/		
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7		3		/		
8		3		/		
9		3		/		
10		3		/		
11		3		/		
12		3		/		
13		3		/		
14		3		/		
15	1		1			
16						
17						
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26	1		1			
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TOTAL IND.	↓	5	↓		↓	
TOTAL DEP.	←	21	←		←	
TOTAL CLAIMS		26				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						